



**STATE OF MINNESOTA
MINNESOTA DEPARTMENT OF VETERANS AFFAIRS**

HOMELESS VETERAN REGISTRY

**TENNESSEN WARNING
YOUR PRIVACY RIGHTS**

The State of Minnesota and its partners have committed to end homelessness among Veterans. Minnesota's Homeless Veteran Registry will ensure that every Veteran experiencing homelessness has access to appropriate housing and services. Anyone who served in the U. S. Armed Forces, Reserves, or National Guard can join the Registry, regardless of the type of discharge. If you are a Veteran and choose to join, a team of housing and service professionals will work together to help you access housing and services that meet your needs. Participation is voluntary. You do not have to join, and choosing not to sign the consent will not affect your eligibility for services.

Name of Veteran (First, Middle, Last)

Birth Date

Social Security Number

The Minnesota Department of Veterans Affairs (MDVA), as a government agency, is required by law to inform you of your rights when we collect private information from you. This law is the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, and for certain information is 38 U.S. Code Section 7332.

This sheet tells you:

- Why this information is being collected from you and what we do with it.
- Whether you are legally required to supply this information, or if you may refuse.
- Any consequences to you of supplying or refusing to supply the requested information.
- The identity of others authorized by law to receive the information.

Why this information is being collected from you: what we will do with the information:

We need information about you for these reasons and will use the information as described below:

- Your name and information about how to contact you, in order to know you from other individuals and to follow up with available services.
- Your social security number, to gather information about you from other government agencies.
- Your Veteran status, including type of discharge to determine what benefits you may be eligible for.
- Your housing status and homelessness history, including history of shelter use and barriers to housing, to determine what services you may have received.
- Your eligibility for housing programs, which may include whether you qualify for any special kinds of housing based on disabling conditions or any history of drug abuse, alcoholism, or alcohol abuse.
- Your housing and service needs, to connect you to appropriate resources.
- Names of current and past social service providers, to determine what resources which you have or now are using.
- To assist you to develop effective plans for your medical, social, psychological, educational and other needs.
- To determine your eligibility for services provided by the Minnesota Department of Veterans Affairs.
- To determine your eligibility for local, state or federal benefits.
- To identify the need for a referral to other agencies.
- To prepare statistical and financial reports and evaluations.

- For research and studies in which your name will not be identified.
- To assess and evaluate the quality of programs offered.
- To conduct satisfaction surveys for you.

Whether you may refuse to supply the requested information and the consequences of refusing to supply the information:

You have the right to refuse to supply all or any part of the information we request; however, if you do not supply the information requested, among other consequences, we may not be able to:

- Determine your eligibility for services or benefits.
- Provide services immediately to you.

You will not be denied benefits if you refuse to supply your Social Security Number, in part or in full. However, without it we may not be able to determine your eligibility for certain benefits.

Organizations authorized to share the information with each other:

Private information collected from you will be shared with State of Minnesota executive branch state agencies working with homeless individuals/families, and organizations when necessary for the management of programs and/or services.

Except as specified below, information is not given to any person or entity without your written consent or except pursuant to law.

Organizations who may share the information with each other:

- | | |
|---|---|
| • Accend Services | • Offices of the Governor and Lieutenant Governor of Minnesota |
| • All HRA, CDA, PHA, and other Minnesota County, City, or Tribal Housing Authorities | • Our Savior's Housing |
| • All Minnesota County, City, or Tribal Human Service Office, Public Health Office, and Veteran Services Office | • People Incorporated |
| • All Continuums of Care | • Prairie Five Community Action |
| • Beyond the Yellow Ribbon | • Radies Health |
| • Bi-CAP | • Stepping Stone Emergency Housing |
| • Canvas Health | • St. Andrews |
| • CAPSH | • St. Stephen's Human Services |
| • Churches United | • The Salvation Army |
| • Catholic Charities | • SEMCAC Community Action Agency |
| • Christian Cupboard Emergency Food Shelf | • Simpson Housing Services |
| • CHUM | • Southwestern Minnesota Opportunity Council |
| • Community Solutions | • Tri-CAP |
| • Damiano Center | • Union Gospel Mission |
| • Eagles Healing Nest | • U. S. Department of Veterans Affairs |
| • Family Pathways | • U. S. Interagency Council on Homelessness |
| • Fargo-Moorhead Dorothy Day House of Hospitality | • Valley Outreach |
| • Friends in Need | • Volunteers of America / AMICUS |
| • Grace House Homeless Shelter | • West Central Minnesota Communities Action |
| • Hearth Connections | • Western Community Action |
| • Heartland Community Action Agency | • State and Federal Auditors |
| • Home and Away Ministries, Inc. | • Courts per a valid court order |
| • Horizon Community Health Board | • Others, pursuant to law |
| • House of Charity | • Other service providers or agencies, that the Minnesota Department of Veterans Affairs determines may contribute to Veterans experiencing homelessness not specified in this list |
| • Institute for Community Alliances, for the Minnesota Homeless Management Information System (HMIS) | • Others you specify: |
| • Kootasca Community Action | <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| • Listening House | |
| • Lakes and Pines CAC | |
| • Lutheran Social Services Department | |
| • Metropolitan Council | |
| • Minnesota Assistance Council for Veterans | |
| • MN State Agencies | |
| • New Life Center | |
| • Northwest Technical College for LinkVet, the Veterans Linkage Line | |

Individually-identifiable health information disclosed pursuant to the authorization may no longer be protected by Federal laws or regulations and may be subject to re-disclosure by the recipient.

You understand that:

- You have the right to refuse to sign this form.
- Your participation in the Registry is voluntary.
- Services will not be withheld because you chose not to sign.
- You will receive a copy of this form after you sign it.
- This authorization only covers the types of information described above and does **not** release medical records, test results, treatment plans, or case notes.
- You can revoke this authorization at any time by contacting LinkVet toll-free at 1-888-LinkVet (1-888-546-5838) or by telling staff with an organization participating in the Registry to revoke your authorization. If information has already been released based on this authorization, your request to stop will not work for that information.
- A copy of this authorization is as valid as the original.

For general information on Minnesota Governmental Data Practices Act please contact:

Data Practices Office, Minnesota Department of Administration
201 Administration Building
50 Sherburne Avenue
Saint Paul, Minnesota 55155
Telephone: 651-296-6733
www.mn.gov/admin/data-practices

With your signature, you certify that this information has been offered freely, voluntarily, and without coercion and that the information given is accurate and complete to the best of your knowledge.

Signature of Veteran

Date

COVID-19 Application----Signature authorized by

via phone on

The Minnesota Department of Veterans Affairs is an Equal Opportunity/Affirmative Action Employer
MN RELAY SERVICE: 1-800-627-3529

INFORMATION FOR THE REGISTRY

To participate in the Registry, the organizations working to help you access housing and services need some additional information. Please provide this information to the best of your ability.

Domestic Violence

Are you currently fleeing domestic violence? <i>If yes, your record will be accessible only to the Homeless Veteran Registry Administrator</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Veteran Status

1. Did you serve in the United States Armed Forces, which includes Army, Navy, Air Force, Marine Corps, and Coast Guard?	Choose one:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> No	<input type="checkbox"/> Refused
2. Did you serve on Active Duty, or in the National Guard or Reserves?	Check all that apply:	
	<input type="checkbox"/> Yes, Reserves	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Yes, Active Duty	<input type="checkbox"/> Refused
	<input type="checkbox"/> Yes, National Guard	
3. If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist?	Choose one:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> No	<input type="checkbox"/> Refused
4. Did you enter Active Duty before 9/7/1980?	Choose one:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> No	<input type="checkbox"/> Refused
5. For approximately how many months did you serve?	_____ months	
6. What kind of discharge did you have?	Choose one:	
	<input type="checkbox"/> Honorable/Under Honorable Conditions	
	<input type="checkbox"/> Other Than Honorable	
	<input type="checkbox"/> Bad Conduct	
	<input type="checkbox"/> Dishonorable	
	<input type="checkbox"/> Entry-level Separation	
	<input type="checkbox"/> Don't Know	
	<input type="checkbox"/> Refused	
7. Are you receiving VA disability pay?	Choose one:	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> No	<input type="checkbox"/> Refused

Demographics

<p>8. What is your gender?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Transgender: Female to Male <input type="checkbox"/> Transgender: Male to Female</p>
<p>9. What is your ethnicity?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Non-Hispanic / Non-Latino</p> <p><input type="checkbox"/> Hispanic / Latino</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Refused</p>
<p>10. What is your race?</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaska Native</p>

Contact Information

<p>11. What is the best way to contact you?</p>	
<p>12. Do you use any other names or have any aliases?</p>	
<p>13. What Minnesota Continuum of Care corresponds to where you live?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Central <input type="checkbox"/> Southwest</p> <p><input type="checkbox"/> Hennepin County <input type="checkbox"/> St. Louis County</p> <p><input type="checkbox"/> Northeast <input type="checkbox"/> Suburban Metro Area (SMAC)</p> <p><input type="checkbox"/> Northwest <input type="checkbox"/> West Central</p> <p><input type="checkbox"/> Ramsey County <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Southeast <input type="checkbox"/> Refused</p>

Housing, Income, and Service Needs

<p>14. Where did you stay last night?</p>	<p>Choose one:</p> <p><input type="checkbox"/> Unsheltered, outdoors, or a place not meant for habitation <input type="checkbox"/> Transitional housing</p> <p><input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting a hospital or institution</p> <p><input type="checkbox"/> <input type="checkbox"/> Currently housed</p> <p><input type="checkbox"/> <input type="checkbox"/> Other: _____</p>
<p>15. What housing or service programs are you working with now?</p>	
<p>16. How many people are in your household, including all adults and children?</p>	

<p>17. What location(s) would you accept housing?</p>	<p>Choose all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Central</td> <td><input type="checkbox"/> Southwest</td> </tr> <tr> <td><input type="checkbox"/> Hennepin County</td> <td><input type="checkbox"/> St. Louis County</td> </tr> <tr> <td><input type="checkbox"/> Northeast</td> <td><input type="checkbox"/> Suburban Metro Area (SMAC)</td> </tr> <tr> <td><input type="checkbox"/> Northwest</td> <td><input type="checkbox"/> West Central</td> </tr> <tr> <td><input type="checkbox"/> Ramsey County</td> <td><input type="checkbox"/> Don't Know</td> </tr> <tr> <td><input type="checkbox"/> Southeast</td> <td><input type="checkbox"/> Refused</td> </tr> </table>	<input type="checkbox"/> Central	<input type="checkbox"/> Southwest	<input type="checkbox"/> Hennepin County	<input type="checkbox"/> St. Louis County	<input type="checkbox"/> Northeast	<input type="checkbox"/> Suburban Metro Area (SMAC)	<input type="checkbox"/> Northwest	<input type="checkbox"/> West Central	<input type="checkbox"/> Ramsey County	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Southeast	<input type="checkbox"/> Refused
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<p>18. Do you qualify for any special kind of housing?</p>	<p>Choose all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Chronic Homeless</td> <td><input type="checkbox"/> Long-Term Homeless</td> </tr> <tr> <td><input type="checkbox"/> Culturally Specific Housing</td> <td><input type="checkbox"/> Mental Health</td> </tr> <tr> <td><input type="checkbox"/> HIV Housing</td> <td><input type="checkbox"/> Sober Housing</td> </tr> <tr> <td></td> <td><input type="checkbox"/> None</td> </tr> </table>	<input type="checkbox"/> Chronic Homeless	<input type="checkbox"/> Long-Term Homeless	<input type="checkbox"/> Culturally Specific Housing	<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV Housing	<input type="checkbox"/> Sober Housing		<input type="checkbox"/> None				
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	<input type="checkbox"/> None												
<p>19. What is your typical monthly income from all sources (if none, enter Ø.)</p>													
<p>20. What services or housing options best describe what you need?</p>	<p>Choose all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Permanent Supportive Housing</td> <td><input type="checkbox"/> Financial Assistance</td> </tr> <tr> <td><input type="checkbox"/> Transitional Housing</td> <td><input type="checkbox"/> Employment Assistance</td> </tr> <tr> <td><input type="checkbox"/> Rapid re-housing</td> <td><input type="checkbox"/> Mental Health Services</td> </tr> <tr> <td><input type="checkbox"/> Emergency Shelter</td> <td><input type="checkbox"/> Substance Abuse Treatment</td> </tr> <tr> <td><input type="checkbox"/> Supportive Services</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td></td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Employment Assistance	<input type="checkbox"/> Rapid re-housing	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Supportive Services	<input type="checkbox"/> Other:		_____
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Thank you for participating in the Registry.

If you have any questions about the Registry, please contact LinkVet at 1-888-546-5838.

When complete, please email this entire packet (pages 1 – 6) to homelessprograms.mdva@state.mn.us.

If you are only able to fax, please fax completed packet to LinkVet at 1-218-346-2338. The person completing this form should write their name and phone number below. No fax cover page is required.

Referral Organization: _____ Referral Contact: _____

Referral Phone Number: _____